

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10		2				
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
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24						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	37					
TOTAL CLAIMS	51					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63		1				
64						
65						
66						
67						
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82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	35					
TOTAL DEP.	15					
TOTAL CLAIMS	50					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

# CLAIMS ONLY

SERIAL NO.

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APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
10 2						
10 3						
10 4						
10 5						
10 6						
10 7						
10 8						
10 9						
11 0						
11 1						
11 2						
11 3						
11 4						
11 5						
11 6						
11 7						
11 8						
19						
20						
21						
22						
23						
24						
25						
26						
27						
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31						
32						
33						
34						
35						
36						
37						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	13					
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
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81						
82						
83						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND 54

TOTAL DEP 65

TOTAL 119

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3		1	1			
4	1			1		
5		1		1		
6		1		1		
7		1		1		
8	1			1		
9		1		1		
10		2		1		
11		1		1		
12	1			1		
13		1		1		
14		1		1		
15		1		1		
16	1			1		
17		1		1		
18		1		1		
19		1		1		
20	1			1		
21		1		1		
22		1		1		
23	1			1		
24	1			1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30	1			1		
31		1		1		
32		1		1		
33	1			1		
34		1		1		
35	1			1		
36		1		1		
37	1			1		
38		1		1		
39		1		1		
40		1		1		
41	1			1		
42		1		1		
43		1		1		
44		1		1		
45	1			1		
46		1		1		
47		1		1		
48		1		1		
49	1			1		
50		1		1		
TOTAL IND.	11		3			
TOTAL DEP.	37		13			
TOTAL CLAIMS	51		18			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68	1					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99	1					
100	1					
TOTAL IND.	38					
TOTAL DEP.	19					
TOTAL CLAIMS	50					

14 + 5 + 35 = 54 \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

37 + 13 + 15 = 65

51 + 18 + 50 = 119  
= 90